



Membership Application for year 1<sup>st</sup> January to 31<sup>st</sup> December 2022

I/we wish to apply for membership of Lindsey u3a

Mr/Mrs/Miss	First name	Surname
Mr/Mrs/Miss	First name	Surname
Address		
		Post Code
Telephone incl std		Mobile(s)
Email address(es)		
Contact to call in case of Emergency		

I/We agree to adhere to the rules and constitution of the Lindsey u3a.

Signature ..... Date .....

The joining fee is £17 per person, preferably by bank transfer, the details are Sort Code: 60-13-15, Account no. 16568737, Reference: (Your name). Or payable at the next General Meeting or by post to the Membership Secretary by cheque made payable to “Lindsey u3a”. If you are a full member of another u3a, Associate Membership is £13.50 each.

All membership enquiries to our Membership Secretary, Jane Miller, 01522 688977 or by email to [memlu3a@gmail.com](mailto:memlu3a@gmail.com)

Where did you hear about us? .....

I would be interested in joining the committee or helping in some other way

If you are a full member of another u3a, which one? .....

I would like to talk to someone about starting a new interest group

I would like a form for Gift Aid to help Lindsey u3a with expenses

**Please take a moment to read and sign the statement overleaf.**

Your information is held within the u3a and is never divulged to third parties.

---



**PRIVACY STATEMENT:**

*Please tick the box below to give us permission to use the information you have supplied in the following ways:*

- *To store it securely for membership purposes*
- *To communicate with you as a u3a member*
- *To share with group leaders for those groups of which you are a member*
- *To send you general information about Third Age Trust (the national organisation of which u3as are affiliated).*

*I consent to my data being used for membership purposes as detailed above*

Please be advised that you can request for your data not to be used for any of these purposes at any time by contacting the Membership Secretary.

Occasionally we would like to use photographs of our members taking part in various activities in our Newsletter, Website or on displays. If you do not wish your photograph to be used in this way it is your responsibility to inform the photographer.

Full Name(s): .....

Signed: ..... Date: .....

Signed: ..... Date: .....

**Please send to Jane Miller at a meeting or by post to  
2 Roseum Close, Lincoln LN6 3DF.**

---